

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

07/34 34197

State File No. ....

5810

4-345 Registrar's No. 28

BIRTH NO. ....

REG. DIST. NO. 230.

PRIMARY REG. DIST. NO. 4-345

## 1. PLACE OF DEATH

a. COUNTY

Montgomery

b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" Loutre)

c. LENGTH OF STAY (in this place)

75 yrs

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

## 3. NAME OF DECEASED

(Type or Print)

b. (First)

b. (Middle)

c. (Last)

Au GUST

HEYING

4. DATE OF DEATH (Month) (Day) (Year)

10 - 11 - 1950

5. SEX

6. COLOR OR RACE

Male

white

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-14-1875

9. AGE (In years) IF UNDER 1 YEAR  
last birthday Months Days Hours Min.

75

13a. FATHER'S NAME

Frank Heying

13b. MOTHER'S MAIDEN NAME

Henrietta Struttmann

14. NAME OF HUSBAND OR WIFE

Malvenia Heying

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Name, no. or unknown) (If yes, give war or date of service)

no.

16. SOCIAL SECURITY NO.

none

17. INFORMANT'S SIGNATURE OR NAME

S. B. Heying - Rhineland, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Massive hemorrhage retro-  
peritoneal - esp right side only

ADDRESS

7 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## MEDICAL CERTIFICATION

DUE TO (b) DUE TO (c) Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

7 Days

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 

070

21a. ACCIDENT (Specify)

SUICIDE

HOMICIDE

Accident

21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)

Country road

21c. (CITY, TOWN, OR TOWNSHIP)

Rhineland - Mont.

(COUNTY)

Mo.

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE WORK  AT WORK 

21f. HOW DID INJURY OCCUR?

Drove off road in fog.

22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Oct. 11, 1950, that I last saw the deceased alive on Oct. 11, 1950, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE

John J. Ryan

0 (Degree or title)

ms.

23b. ADDRESS

Ternan

Mo.

23c. DATE SIGNED

10/11/50

24a. BURIAL, CREMA-

TION, REMOVAL (Specify)

Burial

10/14/50

DATE REC'D BY LOCAL REG.

Oct. 13<sup>th</sup> 1950

Mrs. George Bush

Kotterger's C. - Rhineland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORIAL

St. Joseph's

24d. LOCATION (City, town, or county) (State)

Rhineland, Mo.

07/34

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

-----  
FILE NO. -----  
DISTRICT HEALTH OFFICE NO. 4

OCT 16 1950

RECEIVED

1 APR  
3 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student ..... \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

*D B Baker*

Licensed Embalmer No. 337V

P. O. Address *Asociation*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.